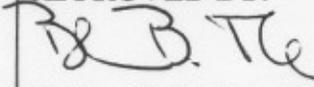


<b>Colorado Department of Health Care Policy and Financing</b> 1570 Grant St., Denver, CO 80203-1818	<b>NUMBER:</b> HCPF 06-003
	<b>CROSS REFERENCE:</b> HCPF 05-006
<b>DIVISION OR OFFICE:</b> Medical Assistance Office	<b>DATE:</b> January 25, 2006
<b>SUBJECT AREA:</b> Benefits Coordination	
<b>SUBJECT:</b> Disability Trust Closure Form	<b>APPROVED BY:</b> 
<b>TYPE:</b> I - Information P - Procedure	Barbara B. Prehmus, M.P.H.

*HCPF Agency Letters can be accessed online at:  
[www.chcpf.state.co.us](http://www.chcpf.state.co.us) >>Reference Material >>Agency Letters*

**Purpose:**

The purpose of this agency letter is to provide County Departments of Social/Human Services with the procedure for notifying the Department of Health Care Policy and Financing when a Medicaid client with an approved disability trust is no longer eligible for Medicaid.

**Background:**

If a Medicaid client or applicant is under the age of 65 and meets the disability criteria of Social Security, he or she can establish a disability trust to establish resource eligibility for Medicaid. Assets held in an approved disability trust are not countable resources when determining Medicaid eligibility. See 10 C.C.R. 2505-10, Section 8.110.52.B.5.b.1.k.

When the client is no longer eligible to receive Medicaid, the Department of Health Care Policy and Financing must receive all amounts remaining in the disability trust up to the total amount of medical assistance provided to the client. See 10 C.C.R. 2505-10, Sections 8.110.52.B.5.b.1.i. and j.

**Procedure or Information:**

Disability Trust Closure Form

Please complete this form and send it to the Department of Health Care Policy and Financing whenever a Medicaid client with an approved disability trust becomes ineligible for Medicaid. Please be sure to include the date the client became ineligible, the reason, and the date of death (if applicable). Include a copy of any statements or accountings you have received for the trust.

**Effective Date:**

Immediately

**Contact Persons:**

Brian Zolynas  
Trust Officer, Benefits Coordination Section  
Phone: (303) 866-5410  
Fax: (303) 866-3552

**Attachments:**

Disability Trust Closure Form